

MINUTES
Standardization Committee
Friday, September 10, 2004

Balog, Stephen, RN, DASS
Ennis, Bob, BIOMED
Evans, Michele, PhD, OD
Feigenbaum, Kathy, RN, Nursing
Goldspiel, Barry, RPH, Pharmacy
Kessinger, Theresa, RN, Nursing

Mayberry, Helen, RN, Nursing
Peduzzi, Teresa, RN, Nursing
Row, Chung-Hee, DLM
Taylor, Jerry, RN, MEd
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GUESTS:

Fuller, Barbara, RN, WOCN
Strauss, Mark, Safety Fellows
Cramer, David, Safety Fellows

Minutes of May 2004 - Approved

HFCD NEW MOPPING SYSTEM: Slide presentation was handed out regarding the Micro Fiber Mop. Housekeeping is required to change the water that they use for mopping every two to three rooms, for cross contamination purposes. In the process of dumping out the water which has chemicals there is a concern about cross contamination. When they put the clean water into the buckets they are also replenishing with chemicals. The Micro Mop is made with polyester fibers. These mopes hold six times their weight in water. The procedure is spray the cleaning fluid onto the floor and using the micro mop to clean and wipe up the solution in one easy stroke. The container with the cleaning solution is attached to the mop. When finished with the solution, the containers easily pull off and are replaced with another container that has the cleaning solution already in it. The cross contamination is not there. No more going to the closet to dump the dirty water out. There is also a reduction in water use, chemical usage, dumping of water, cross contamination and injuries. No more heavy lifting or dumping heavy buckets of water. Less workman's compensation claims.

FHCD NEW CONTOUR SHEETS: In the past the Clinical Center used the Minute Fitted Sheets which were not large enough. When you move the bed the sheets would pop off. These new Contour Sheets are bigger and has stretchable sides with elasticity in them. These are easier fit and much better for the larger beds. How will it hold up after several washings? Will the elasticity end up giving way? Since this is a new product that Housekeeping is using there is no answer yet to these questions. Housekeeping will keep track on the durability once it's washed often and will report back. Also suggested to find same type for our cribs.

DRAIN-DUO-2JP POUCHES WITH SECURITY HINGES/BELT: The ENT nurses originally used a two way belt for carrying several different drain tubes. The company that ENT used to purchase these stopped making these belts. After searching for a similar product but more durable, ENT came across the DrainDuo. Dayo who makes cath holders had a waist band with elastic that is about two inches thick that holds Gastrostomy Tubes or other tubes. Most of the patients felt it was too warm and wide. After searching for a similar product but more feasible ENT found the DrainDuo, which is lightweight, absorbent and washable. This particular belt comes with two individual cushioned pouches and an adjustable belt with soft backing with a Velcro holder. The cost is \$20.00 each, but the patients are very pleased with them and they feel more comfortable wearing these. The DrainDuo is very solid and ENT feels that there will be more mileage from them than the other belts that are being used. There are eight different post-surgical drains available from DrainDuo. At this point ENT would like this item to be put in Inventory in place of the other belt. Will check to see if there is a Latex-free belt available and any Federal Schedules.

MSA MANUFACTURER OF N95 MASKS WILL DISCONTINUE THIS LINE

THE END OF 2004: The Mine Safety Group, MSA, is discontinuing the N95 Mask at the end of the year. MMD has bought all that the company has. Dr. Evans indicates that as far as the CDC Guidelines go you need to use these to minimize TB spread in the hospitals. This is still in the books as a guidance document. The requirement is that any one that has exposures to isolation room or respirator needs masks. You can use a disposable mask which is the N95 or you can wear the battery operated PAPR which the Clinical Center has. People who have mustaches, beards or some facial structures automatically have to wear the PAPR. As a general rule we are pushing the staff to wear the PAPR rather than the N95. There are some advantages to the N95, you can hear better, listen to heart sounds easier. There aren't that many companies that make the N95, so this committee should be looking at the 3M products. The Clinical Center has 60 PAPR Units, so we are covered for the time being. The day to day threats the higher risk groups that we have for the infectious isolation rooms currently in 10D, 11W, Respiratory, Therapy that does some treatments, staff that do the Colonoscopies, the virus cases; these are the ones that will use the N95's. The other side is that OSHA effective July of this year now requires a more extensive major evaluation before you wear a respirator and a testing. This will be a big cost to the Clinical Center. 3M is charging anywhere from \$70.00 to \$100.00 dollars to fit/test one person. The Division of Safety is in the same boat as we are; there just aren't enough people to do the testing currently. Which ever mask we pick we will have to buy the resources to fit/test people. Currently there are 700 people that need to be fit/tested. MMD will notify everyone once we get down to "0" as far as the N95's. Come January MMD will have a set group look at what is available in the N95's, 3M's will be one that we will look at. The 05 budget will have to be amended for this project and will be requested in the 06 budget as well. 3M has purchased "Raquel" which was the company that made the original PAPRS.

DASS FACE MASK EVALUATION: There are eight different masks available to the staff at this time. There are six different manufactures. Part of the evaluation process is to identify who we wanted to evaluate. Kimberly Clark, 3M, and Molnlycke. There were staff evaluations that took place. In the evaluation process model those masks the staff identified, which mask, from which company and if they fit comfortably? We took all our numbers and cross referenced with every manufacture. The vendors brought only ones that we were interested in, in order to condense the mass numbers. Some surgeons preferred ones with plastic, face shield, hyper allergenic and regular styles. Molnlycke was the vendor that was preferred. This will help with Inventory; there will be a more volume discount, and easier ordering process. More to come.

COST IMPLICATION REPORTS: The following new products were placed into Inventory after Committee approval:

- 14FR and 12FR Inter Catherization Kits.
- Kendal AV Impulse Foot pads.
- Abbott AIM Plus Pump and accessories
- Extra Large size cuffs for SCDs
- Nasal Holder
- Colostomy & Urostomys kits.

AMBULATORY PUMPS STATUS: There will be a sub group formed in February 2005 to start the process for a new Ambulatory Pump. Will continue with the AIM Plus Pumps at this time. There are two reasons for this: there is too much going on now and there is a money issue. Will we be purchasing or leasing? We are at the end of the year and the 05 budget is flat. Not sure what this means? It takes about nine months to do a pump trial so by the time we get this project done and actually trialed; two Ambulatory Pumps we will be at the ninth or tenth month so we will be right around the 06 budget. This will work out for us. We will not go back to the GemStar. One thing we would like for the staff to do for us; there are 15 AIM Pumps that are broken. Some of them are smashed, the LCD screens are cracked. We need to talk to the staff, to the patients that take them home; we need to do a better job. We can't keep returning these pumps. If they are out of warranty and we can't negotiate the cost, it costs us about \$700.00 a pump to get these pump repaired. If we have 15 pumps that need to be fixed and they are \$700.00 a pump that is about \$10,000.00 we spend on repairs.

PEDI TEMPORAL THERMOMETER STUDY STATUS: This will be on hold till February 2005. Units that use the Temporal Scanners will continue to use them, they will be supported, and will be replaced or what ever that needs to be done. We just put wall holders up for 2W and 2BMT. The other units that use these are both Intensive Care Units.

AUTO DROP: This will be deferred to October's Meeting.

HUBER SAFETY NEEDLE EVALUATION RESULTS: HMP was the product that was chosen. 13W, OP13, 13EOCC, 12E/TU and 2W/TU were part of the trial. HMP is now RITA. We do a lot of business with HMP currently; a lot of our catheters come from them. They have a good quality product. We need in-services for this product, as there is a change in technique. The recommendation is that after January we will start with the in-services and implementation.

SALEM SUMP EVALUATION RESULTS: The Anesthesiologist did not like this product. Some of the ICU nurses indicated that when they aspirated the tube collapsed. Kendall representative will be here later in the week and there will be a meeting about this. For evaluation purposes, we will be looking out in the market place for other tubes.

TAKE HOME DRESSING KIT: Will be deferred till October's meeting.

NEW TAKE-HOME DRESSING KIT FOR NEWLY DIAGNOSED PATIENTS: Will be deferred till October's meeting.

BD NEXIVA-CLOSED IV CATHETER SYSTEM: This is Proprietary information. This has been trialed intensively in Texas at MDAnderson. They are waiting for the final 10K approval from the FDA. They would like for us to look at this, and trial. They have been told that we can't do anything until January 2005. This is a protective needle. This is a new generation of safety catheters. Its latex free, safe and protective system. We will be more readily available to trial this product after the New Year. Karen who is there Nurse Specialist will be the one that will demonstrate this item.

KENDALL AV IMPLUSE SYSTEM 6000: There was a handout. The AV Impulse System is a device that we will have; two in Central that can be signed out and one that stays in the Operating Room. These devices are a cousin to the Kendall Sequential Devices (SCD) that we currently have and use. Both devices are used intra-operatively and post-op.

--AV Impulse System is a pair of booties and a pump system that mimics the physiological process of walking by rapidly stretching and compressing the plantar venous plexus. This results in a high velocity surge of venous return, effectively eliminating venous stasis or the formation of blood clots.

--AV impulse system is specifically for the obese patient and patients with trauma and surgeries to the lower extremities.

--AV impulses system locations for use are surgery and ICUs. In-services already conducted for surgery and 2J. In-service being scheduled for 10D.

MIDMARK EXAM TABLES: These are not going to be delivered till the end of September and they will be installed directly in the new hospital.

PHILIPS MEDICAL SYSTEMS TRANSPORT MONITORS: One order of monitors is here, just ordered a second group. They just gave the money for forward funding. They will come in October. These will be distributed then.

NELLCOR OXYGEN SENSOR UPDATE: This will be talked about in October.

Next meeting: October 8, 2004@11:00am